



Strategic Services and Supports

**Blue Ribbon Commission
October 10, 2012**

Geriatric Adult Specialty Teams

- * Funded in 2002-2003 to support older adults with mental illness living in adult care facilities and nursing homes.**
- * Expanded in 2006-2007 to include younger adults with mental illness living in adult care facilities.**
- * Fully funded. There are approximately 10 or more teams across NC.**
- * Teams include at least one Psychiatric Nurse, and one Licensed Clinician.**

Geriatric Adult Specialty Teams continued.....

- * **Teams do not provide any direct services.**
- * **Provide consultation and training to adult care homes, nursing homes and communities on dementia and mental illness.**
- * **Goals are to enhance:**
 - * **Adult Care Home/Nursing Home staff understanding of mental illness and dementia**
 - * **Skills and techniques in caring for residents with mental illness and dementia**
 - * **Skills in addressing potential crisis that could result in preventable psychiatric hospital admissions**

Geriatric Adult Specialty Teams

Are a highly qualified resource to help with:

- * Evaluation of new admissions to adult care homes to identify any need for mental health treatment**
- * Provision of assessment and consultation for individual residents in preparation for discharge**
- * Leading or participating in discharge planning for individual residents**
- * Monitoring transition of residents to community settings**
- * Assisting in the development of Crisis Plans**
- * Providing consultation to community settings**


New Service: Supported Employment

Jobs will be especially important for people that live independently because they will need the income.

It will be important that job placing agencies complete needed applications for programs to ensure that recipients do not lose their Medicaid during this transition.

This service includes:

- * Skills and interest assessment**
- * Job placement**
- * Job training**
- * On the job support and monitoring**
- * Long term support**

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- * People that live in licensed facilities should be allowed to work part time without losing their earnings to cost of care.**
 - * This will allow them to save for the future, better enable them to move to an independent living situation.**

Peer Support

Peer Support is an **approved 1915 b-3 service** designed to help individuals achieve recovery. The service covers the following activities.

- * **Self Help**: Supporting the individual's ability to make informed, independent choices.
- * **System Advocacy**: Promoting the needs of people with mental illness.
- * **Individual Advocacy**: Helping the individual make appointments for psychiatric and general medical treatment when requested. Guiding the individual toward a proactive role in his/her own health care.

Peer Support continued.....

- * **Pre-Crisis and Post Crisis Support:** Assisting the individual with the development of a personal crisis plan.
- * **Housing:** Assisting the individual with learning how to maintain stable housing or assisting the individual in locating improved housing situations.
- * **Education/Employment:** Assisting the individual in gaining information about going back to school or job training.
- * **Meals and Social Activities:** To build peer relationships and non-paid social supports.

Planning for Independent Living

- * **Determine the person's interest in living alone.**
- * **Determine that the person does not need continuous supervision by a non-disabled person in order to manage his/her own health and safety.**
- * **Identify the supports the person will need in order to live successfully in the community including:**
 - 1. How to seek assistance when safety issues are encountered.**
 - 2. Self medication.**
 - 3. Housekeeping.**
 - 4. Nutrition and meal preparation.**
 - 5. Social and recreational skills.**

Community Transition Support

- * A **current 1915 b-3** service.
- * Up to \$5,000 in expenses related to moving to an independent living setting.
- * Expenses covered:
 - * Deposits for the domicile and utilities
 - * Essential furnishings (furniture, linens, etc)
 - * Moving expenses

New Service: Assistive Devices

- * Assist the person to maintain health and safety in an independent living situation.**
- * Examples:**
 - * Call Response—person can push a button to request assistance.**
 - * Residence monitoring assistance – to remind person that doors are open or unlocked**
 - * Lighted door, burglar or fire alarms for hard of hearing**
 - * Medication management devices.**
 - * Health monitoring devices (such as blood pressure or scales that transmit data to a physician practice—if not covered by medical program)**

Individual Support

- * Individual Support is a **current 1915 B-3 service** that is designed to support individuals that live in their own homes.
- * The service provides support for “instrumental activities of daily living”. These activities include:
 - * Meal preparation
 - * Shopping
 - * Laundry
 - * Housecleaning
 - * Medication management support
 - * Money management
 - * Accessing the community

Barriers to Independent Living

- * Many individuals lose their Medicaid when they move from a licensed residential program, so will not be eligible for Individual Support and other services.**
- * If the individual is not employed, his/her Social Security benefits may not be adequate for payment of rent, utilities and food.**

New Service: Residential Supports

Designed for:

- * Specialized licensed residences designed to serve people with serious and persistent mental illness**
- * 6 beds or less**
- * Individuals that require 24 hour supervision or support**

Residential Supports continued.....

Health and Safety Monitoring

Monitoring:

- * Mental status**
- * Crisis risk**
- * Capacity to perform activities of daily living and self care**
- * Level of social interaction**
- * Medication compliance**
- * Compliance with health regimens (for diabetes, high blood pressure, etc)**

Residential Supports continued.....

Skill Building

Skill building includes:

- * interpersonal skills and the development and maintenance of personal relationships**
- * appropriate business relationships related to shopping, banking, transportation and accessing community services**
- * development of skills needed to accomplish instrumental activities of daily living such as shopping, money management, and household maintenance**
- * medication management**
- * wellness management (a person's own management of his/her symptoms of crisis and implementation of proactive steps as specified in WRAP plan or crisis plan)**
- * development of personal recreational interests**
- * accessing generic community activities such as recreation centers, community colleges, age appropriate social events, including how to use public transportation (if available)**

Offsetting the Cost

- * Identify state funds currently budgeted in specialized group homes for the mentally ill.**
- * Use as state match toward the cost of adding this service, either as a b-3 or a state plan service.**

I/DD Group Homes

- * **Add the Residential Supports service from the Innovations waiver as a b-3 service.**
- * **This service could be restricted to currently licensed group homes that support people with intellectual and developmental disabilities.**

Crisis Services

- * **First Responder**
- * **Mobile Crisis**
- * **Crisis Plans and Advance Directives**
- * **Wellness Recovery Action Plans**
- * **Crisis center**
- * **Inpatient**

New Service: Crisis Support

- * Begins with a Face to Face Assessment by licensed qualified professional.
- * Provided by a trained individual, including Peer Specialist, in the individual's home, a group home or a respite home.
- * Must have access to a licensed professional for consultation at all times.
- * Up to three consecutive days.
- * A second evaluation by a licensed professional must be conducted at the end of the episode to determine any further intervention needed.

A Clinical and Health Home

- * Individuals must have a clinical home (CABHA) where they receive psychiatric and related clinical treatment. The CABHA works in collaboration with a health home.**

Or

- * A single health home that is qualified to take care of people with severe and persistent mental illness.**

Dually Eligibles

- * Many individuals living in adult care homes are dually eligible, meaning they have both Medicare and Medicaid.**
- * Medicare does not cover any rehabilitative services.**
- * We must ensure that dually eligible individuals have access to the full range of rehabilitative services that are available to Medicaid only recipients.**

Next Steps.....

We know what to do!

We need to be

- * Strategic in timing—we need to move forward now**
- * Smart in selecting the right services for this project**
- * Strategic in the allocation of resources**